



State of New Hampshire 2006 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2006

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 04/01/2006

Business ID: 396771

William M. Gardner

Secretary of State

DSMJ, LLC

25 INDIAN ROCK ROAD , BOX 489

WINDHAM, NH 03087

ADDRESS OF PRINCIPAL OFFICE:

25 INDIAN ROCK ROAD , BOX 489

WINDHAM, NH 03087

REGISTERED AGENT AND OFFICE:

JOHNSON, DIANE L.

25 INDIAN ROCK RD. #489

WINDHAM, NH 03087

ENTITY TYPE: LLC

BUSINESS ID: 396771

STATE OF DOMICILE: NEW HAMPSHIRE

CONSULTING, WEB, PARALEGAL

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☒ The new mailing address 9 SHARON ROAD, WINDHAM, NH 03087

☒ The new principal office address 9 SHARON ROAD, WINDHAM, NH 03087

PO Box is acceptable.

MANAGERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

MANA. Diane LYNN Johnson

STREET 9 SHARON ROAD

CITY/STATE/ZIP Windham NH 03087

MANA. DIANE LYNN Johnson

STREET 9 SHARON ROAD

CITY/STATE/ZIP Windham NH 03087

MANA. DIANE LYNN Johnson

STREET 9 SHARON ROAD

CITY/STATE/ZIP Windham NH 03087

NAME

STREET

CITY/STATE/ZIP

MEMBERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

MEMB. Diane LYNN Johnson

STREET 9 SHARON ROAD

CITY/STATE/ZIP Windham NH 03087

MEMB. DIANE LYNN Johnson

STREET 9 SHARON ROAD

CITY/STATE/ZIP Windham NH 03087

MEMB. DIANE LYNN Johnson

STREET 9 SHARON ROAD

CITY/STATE/ZIP Windham NH 03087

NAME

STREET

CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

To be signed by the manager, if no manager, must be signed by a member.

I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: DIANE LYNN JOHNSON

Please print name and title of signer: DIANE LYNN JOHNSON / MANAGER

NAME

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529